



SURGICAL DILEMMA

2016 (November) – Day 1, Q4 (Choice)

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| Medical Leader | • |
| Medical Expert | |
| Communicator | ✓ |
| Advocate | |
| Scholar | |
| Professional | |
| Collaborator | ✓ |
| Manager | ✓ |

You are the newly appointed Chief Medical Officer of a regional hospital Network covering acute, subacute and residential care, with a high indigenous and socially deprived population. On the Friday afternoon at the end of your second week in the job, the General Manager of your Network asks to see you urgently and advises you that she has just learnt that several of the senior surgeons at your Network's second largest hospital are planning to resign, or reduce their hours, to increase their private practice with admitting rights at the neighbouring private hospital. The private hospital is currently undergoing a major refurbishment, which includes state of the art operating theatres and value for money, well-appointed consulting rooms for medical staff.

The General Manager also tells you that she knows from experience that if that public hospital has even a temporary reduction in senior surgical staffing, then acute care rosters may become unsafe and the hospital will be unable to meet its elective surgery delivery targets and the hospital may have to outsource work to the private hospital, causing a budget shortfall.

You are aware that the Chair of the Network Board has previously been concerned about the new redevelopments at the private hospital and had already asked you to prepare a briefing paper on any issues relating to the private hospital redevelopment at the next Board meeting.

Before going home, your PA advises that the Network has arranged for you to be interviewed first thing Monday morning by a reporter from the local newspaper, who wants to run a front page story about you and how you plan to improve local health services.

Questions

1. How would you manage the imminent surgical rostering issue?
2. What would be your approach to managing the public hospital's relationship with the private hospital?
3. What would be the key points in your brief to the Health Network's Board?
4. What might you tell the reporter if asked for your views on the private hospital redevelopment?



CENSOR NOTES

Issues

- Opportunities and threats for health service provision when private and public hospitals serve the same community
- Conflicts of interest when medical staffs stand to gain personally by diversion of work from public to private hospitals

Domains

- Manager, Communicator, Advocate, Collaborator

Knowledge

- Impacts of ethnicity and socio-economic deprivation on health and health service demand
- Impacts of outsourcing by public to private sector on service provision, staffing and costs - potential benefits and risks

Skills

- Media management
- Communication and engagement with Board
- Engagement with executives of other health services
- Engagement with clinicians
- Management of conflicts of interest

Attitudes/behaviours

- Patient-first
- Willingness to seek advice, information and data

| Score: | | Knowledge Knows what to do | Skills Knows how to do | Attitude/Behaviour Shows s/he knows the consequences, leadership responsibility |
|----------------|-----|--|--|--|
| Poor | 1 | Poor understanding of the issues of health service provision when private and public hospitals serve the same community. | Unable to describe and prioritise tasks required to address the scenario. | Gives helicopter or theoretical approach only without putting themselves actually in the scenario. |
| Limited | 2 | Able to articulate some of the relevant issues that need to be addressed, unprompted or prompted but not in a logical manner | May describe one or two possible solutions or measures but does not convince the censors that they could actually do each activity or they understand the implications. | Only minimal appreciation of the underlying issues. Failure to see themselves as managing a solution rather than coordinating others / shifting responsibility. |
| Marginal | 2.5 | Identifies the most important issues but fails to tie issues together into coherent approach to identifying or researching solutions. | May understand a number of the issues involved but can't demonstrate more than a couple of solutions that should be tried to improve the situation. | May have described with or without prompting some solutions and personal actions but without providing a cohesive response. |
| Meets standard | 3 | Identifies the conflicts of interest when medical staff members stand to gain personally by diversion of work from public to private hospitals and strategies for managing this (e.g. more interesting case mix in public, opportunities for research, teaching). Demonstrate knowledge of requirements for safe rostering and service provision. Impacts of ethnicity and socio-economic deprivation on health and health service demand, importance of clinician skill mix and numbers to quality service provision. | Media management, communication and engagement with Board, engagement with executives of other health services, engagement with clinicians, management of conflicts of interest. Show basic understanding of factors influencing patient choice of public or private care, the differing roles of private and public sector providers, the historic performance of the public hospital in care provision and how to analyse the past and projected surgical workforce requirements. Able to clearly prioritise the tasks they mention. | Patient-first approach, willingness to seek advice, information and data. Identify what knowledge gaps they have with this scenario and how they would improve their understanding of the issues involved. Understands the importance of managing up and has some appreciation of risks that might arise through the process and how they would handle them. |



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| Good | 4 | As for above but deeper understanding of impacts of outsourcing by public to private sector on service provision, staffing and costs - potential benefits and risks. | Discusses potential solutions – public-private partnerships, risks and benefits of outsourcing of some services to the private sector, specific programs to tackle the surgical needs of patients reliant on public health system (socio-economic or other disadvantaged groups) | Not only demonstrates an understanding of the significance of trying to address this safe service provision issue but considers specific negotiation / engagement strategies with staff to reach 'win win' solutions. |
| Outstanding | 5 | Able to discuss examples of service planning issues between public and private sectors and various models that have been developed to address such issues. | Able to describe and understand factors which might influence surgeons to choose private or public work and how these factors might be practically leveraged. Able to articulate a patient-centred planning model. | Clearly demonstrates that the candidate is able to develop effective working relationships with all stakeholders. despite different drivers or motivations. Gives practical examples of how the candidate would approach the more difficult or recalcitrant stakeholders. |